TMA UBO Webinar:
TPOCS Updates: Impacts to Billers of HIPAA X12 5010 and
NCPDP Version D.0 Upgrades and New Electronic Billing Clearinghouse
Participant questions as received during Webinar and answered by Speaker

Broadcast Date: November 29, 2011 0800 ET

1. **Please clarify the Provider NPI and Tax ID information.**
   a. *Based on the 5010 requirements, the Tax ID is no longer allowed on any provider loop except for the Billing Provider. The NPI is the main identifier for any provider loop.*
   b. *There have been changes to the Provider identifiers used for 5010; OB-State License, 1G-UPIN, G2-Provider Commercial Number, and LU-Location Number.*

2. **Is there clear documentation of all requirements for electronic exchange?**
   The documentation that supports the commercial requirements for HIPAA 5010 can be found at:
   https://www.cms.gov/electronicbillingeditrans/18_5010d0.asp ,
   and http://www.emdeon.com/5010/

3. **Who is the new clearinghouse vendor?**
   The new clearinghouse vendor is now CYFLUENT.

4. **Please be specific - what web site provides the electronic exchange requirements**
   See response to question #2.

5. **Will the country code be entered in CHCS for us?**
   The Country code is will be an OCONUS requirement. For the sites applicable to this requirement there are several addresses (Patient, Policy Holder, Billing Provider/Site) that will need that data included. The Patient and Policy Holder can be entered in CHCS and will populate in TPOCS if provided. The Billing Provider information is manually entered in TPOCS using the Site maintenance screen.

6. **How will this information impact facilities that are under a contract?**
   The Government/site is responsible for ensuring that their Contractor is 5010 Compliant.

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1. **When are you going to separate the Labs and Rads?**
    There is an SCR (System Change Request) in the system for TPOCS to provide this enhancement. This SCR is not currently funded.

2. **When do these changes take effect?**
    The HIPAA 5010 and NCPDP D.0 requirements are effective <u>1 January 2012</u>.

3. **Is the Clearing House Still ePREMIS?**
    No, the current clearinghouse is CYFLUENT

4. **Will the change to the RX qty fix the qty issue where TPOCS is listing the package size instead of the amount dispensed?**
    TPOCS receives this information from CHCS and also the rates given to us by TMA UBO. We forwarded this one to the UBO AWG for responses.

5. **When did CHCS start to transfer to BIN/PCN to TPOCS?**
    The requirement for CHCS to send the BIN and PCN to TPOCS in the OHI data file has been in effect since 2009. Please verify with your CHCS administrator on whether this update was done.

6. **When will we receive information on the new clearing house?**
    Sites will receive this information from our office as we move forward.

7. **When will TPOCS be phased out, or be removed from the Navy contract?**
    The TPOCS application is scheduled to sunset in 2014.

8. **If we were using ePREMIS, how do we get access to the new clearinghouse?**
    Schedules and dates for converting to the new Clearing House will be disseminated.

9. **Will we get info on how to connect with Protomin? Training on transmitting, etc.?**
    Training will be provided to each site prior to activation of the software.

10. **How will outside RX scripts effect the changes to the NPI/Tax ID?**
    a. *The Rendering Provider Tax Identification Number (ID) has been removed from the 837p of the HIPAA 5010. The only primary identification number allowed in the NPI when the Rendering Provider is eligible for an NPI. The Tax ID is no longer allowed on any provider data loop except for the Billing Provider.*
    b. *The Billing Provider for 5010 must the provider of the health care service. When the Billing Provider is an organization health care provider, the organization health care provider's NPI or its sub-parts will be reported in the electronic data.*

11. **When will the NDCs be updated so that we aren't getting as many denials for discontinued NDCs?**
    This is a site Pharmacy issue

12. **New version of TPOCS? When?**

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This is an updated version of TPOCS and it will begin deployment in December 2011

13. **Does CHCS actually send the BIN/PCN to TPOCS? Because I have entered into CHCS, but still have to enter into TPOCS, does not cross over.**
    See response to question #5.

14. **Will there be any training on the new e-billing system?**
    Training will be provided to each site prior to activation of the software.

15. **Will this work with GFEBS?**
    No, there is not a connection between TPOCS and GFEBS.

16. **Will the new clearing house accept electronic pharmacy billing?**
    Yes. The clearinghouse will electronically process all outpatient pharmacy claims.

17. **Will you be able to send inpatients on this new system?**
    No. The current system requirement is to only process outpatient claims.

18. **Are there any fixes for policy information (i.e., new policies, termed policies, etc.) crossing over to TPOCS from CHCS?**
    Question will be sent forward to the UBO AWG for response.

19. **How can we get access to the ePREMIS claims billed previously to prove timely filing?**
    Access to ePREMIS is no longer available.

20. **Can you give us an idea of what month the electronic billing will begin?**
    The setup has begun. A schedule for deployment and activation will be provided to the Service Reps to distribute to their sites. Site managers will be contacted by TPOCS Helpdesk staff prior to implementation.

21. **When will they fix the problems with the J codes and immunizations appearing up on the wrong forms?**
    Question will be sent forward to the UBO AWG for response.

22. **Are we responsible for entering the AUTH# of refills or will that come from CHCS?**
    The data will populate in TPOCS if it is entered in CHCS when the script is filled. The user will also have to capability to manually enter that data in the TPOCS claim for that script if it is not provided by CHCS.

23. **With the new system, will we be able to troubleshoot denials (i.e., pharmacy denials for day supply)?**
    The management of the denial process will not change with the implementation of this application.

24. **Has any coordination been made with the pharmacies in regard to the changes?**
    Yes, the changes are in CHCS Pharmacy module.

25. **When you say the NPI and Tax ID are linked – are you referring to the Facility NPI or Physician NPI?**
    a. *The billing provider information reported at the batch level has been redefined to support the NPI rules for reporting this information. The instructions are to use the same name regardless of the payer and use the same NPI. If the provider has registered for multiple NPI numbers or subparts, they should create a new batch for each subpart.*

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    b. *Also see response to question #10 for billing provider*.

26. **Will we still be able to track our electronic claims the same way we do on the paper trail?**
    The process currently used for tracking claims should not change.

27. **How will that effect scripts written by Doctor's who are not affiliated with the facility?**
    See response to question #10 for billing provider.

28. **Will all sites have ebilling for pharmacy? We have never had pharmacy billing. Will each facility that does not have pharmacy ebilling be required to pay for its costs?**
    a. *See response to question #16. There is no cost to the facilities using CYFLUENT/ProtoMed.*
    b. *See response to #31.*
    c. *There is not a cost to the sites for Electronic Pharmacy Billing*

29. **As of right now, the unaffiliated provider's NPI comes across into TPOCS. Will we need to change that to the facility NPI to ensure payment goes to the facility?**
    See response to question #10 for billing provider.

30. **Will we be able to bill ambulance claims with the new ebilling system?**
    No, billing for ambulance services is still a paper claim submission to the payers.

31. **Can we create manual bills from ePREMIS 2012 that do not have a watermark?**
    The ePREMIS *application is no longer the software used for electronic billing. The new application is CYFLUENT/ProtoMed. All manual claims must be created in TPOCS.*

32. **Will we have to change the child clinic NPI to the parent NPI to ensure payment comes to the parent site?**
    Question will be sent forward to the UBO AWG for response.

33. **NHCP- Can we switch forms? Form from UB to CMS.**
    Forms such as the UB04 and the CMS1500 do not apply to electronic billing. There are two formats for electronic submission, the 837i or institutional services and the 837p or professional services. These formats are not interchangeable. This question will also be sent forward to the UBO AWG for response.

34. **Will we still be able to create our MAC claims in the new system as manual bills?**
    This application is for submitting outpatient TPC claims electronically to the payers. MAC is not an electronic process for TPOCS.

35. **Blue Cross Blue Shield is requiring all 3 parts of the APV to be billed on 1500s. Currently we bill on 2 1500s and 1 UB04. Will this be corrected?**
    Question will be sent forward to the UBO AWG for response.

36. **Please explain the provider NPI vs. Facility NPI usage again.**
    See response to question **#10** for billing provider.

37. **What if I billed UB-[form] and payer denied it because payer wanted CMS-[form]?**

a. *Before saving the claim in TPOCS verify the OHI being used for billing. Some payers will split payment based on the service provided. Some payers handle 837i-institutional services and 837p-professional services as separate claims.*

b. *Also see response to question #34.*

38. **So if there are no forms, are they all formatted the same?**

    Forms such as the UB-04 and the CMS-1500 do not apply to electronic billing. There are two 5010 formats for the electronic submission, the 837i or institutional services and the 837p or professional services. The new requirement for the pharmacy format is NCPDP D.0.

39. **What happens when the insurance carrier only accepts the Rx NPI not the facility NPI?**

    For electronic billing verify the NPI information on file with your payers. This will ensure timely payment from the payer.

40. **Does the ePREMIS 2012 have the capability to switch form?**

    See response to question #34.

41. **But wouldn't payment go to the pharmacy if the pharmacy NPI is used instead of the facility NPI?**

    For 5010, the Pay-to-Provider identified on the claim is where the payment will be sent. The address associated with the Pay-to-Provider should identify the location were the payment is to be sent. This address can be a PO Box. All other addresses associated with the facility must be the physical location of the entity.

42. **Earlier you said that the electronic billing system only allows one registered NPI; so how do we send different NPI's for child clinics, Rx, etc.?**

    See response to question #25.

43. **Are we able to generate a dental claim from TPOCS?**

    Dental claims are still paper submissions.

44. **What about MSA? Can we do MSA [billing]?**

    This application is for submitting outpatient TPC claims electronically to the payers. MSA is not an electronic process for TPOCS.

45. **Will we be able to bill Caremark electronically or do we have to contact them first?**

    Question will be sent forward to the UBO AWG for response.

46. **What about payer that asking if we are contracted or not? Keep denying our claims due to third party not contracted. Like United, Caremark, Blue Cross FEP.**

    Question will be sent forward to the UBO AWG for response.

47. **I have a question regarding the NCPDP D.O upgrade. Every medication has to be changed in CHCS to reflect metric Value? This is in reference to pg. 10 Pharmacy (Type-3) Additional Data: Quantity Dispensed (Metric Value=1.000)-CHCS-Pharm-#16. It was stated during the Webinar that the Pharmacy has to change to the metric value. After a conversation with our pharmacy we have three medications that are in a bottle that**

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are done by ounces. For clarification does everything in pharmacy have to be converted over in order to collect that money to include these items?

CHCS has already made the changes to accommodate the 5010 requirement for pharmacy (Quantity Dispensed and Number of Authorized Refills) and it was tested at NH Beaufort with CHCS.

48. **I researched a cardholder ID number and it seems to be the same as the member ID. Is that correct or am I missing something?**

In some cases it may be different for pharmacy policies. Verify the information currently on file and if there are any concerns contact the payer or patient for verification.

49. **What will we do when pharmacy carriers do not have a PCN?**

Not all pharmacy policies have a PCN associated. If there is one on the patient card record it and include with your electronic claim submission.

50. **When we get to the new electronic billing software, will we be required to set up all our payers or will they be there already, and we just add our payer alias?**

The majority of the payers will already be linked to the aliases from TPOCS. There will be some that may not have been identified during the initial setup. Those will have to be linked at that time.

51. **Have you found out if we will be able to bill Caremark electronically, or is anyone that you know of billing them electronically?**

Caremark is setup in CYFLUENT/ProtoMed as an electronic payer.

52. **Is there any facility right now billing electronically that I can use as a peer?**

The implementation of this software is just beginning. Once the software has been implemented and the site has begun processing claims, we will provide a list of those sites. You may the contact the users to query for helpful hints and processes.